

## DEPARTMENT OF DISABILITIES, AGING AND INDEPENDENT LIVING

Division of Licensing and Protection
103 South Main Street
Waterbury VT 05671-2306
http://www.dail.vermont.gov
Voice/TTY (802) 871-3317
To Report Adult Abuse: (800) 564-1612
Fax (802) 871-3318

June 26, 2015

Ms. Elizabeth Rixon, Manager Allenwood At Pillsbury Manor 90 Allen Road South Burlington, VT 05403-7856

amlaMCotaRN

Dear Ms. Rixon:

The Division of Licensing and Protection completed a complaint investigation at your facility on **June 24**, **2015**. The purpose of the investigation was to determine if your facility was in compliance with Residential Care Home Licensing Regulations. There were no regulatory violations as a result of this investigation.

If you have any questions regarding this report, please feel free to contact this office at (802) 871-3317.

Sincerely,

Pamela Cota, RN Licensing Chief

Enclosure



|   | tection                  |  |   | OVER DATE                     |                          |
|---|--------------------------|--|---|-------------------------------|--------------------------|
| STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:   |                          | (X2) MULTIPLE CONSTRUCTION  A. BUILDING:   |   | (X3) DATE SURVEY<br>COMPLETED |                          |
|   |                          |  |   |                               |                          |
|   |                          |  |   |                               | ;                        |
|   | 0372                     | B. WING  |   | 06/2                          | 4/2015                   |
|   |                          |  |   |                               |                          |
| NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE  |                          |  |   |                               |                          |
| 90 ALLEN ROAD   |                          |  |   |                               |                          |
| ALLENWOOD AT PILLSBURY MANOR SOUTH BURLINGTON, VT 05403   |                          |  |   |                               |                          |
| (X4) ID SUMMARY STATEMENT OF DEFICIENCIES PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG REGULATORY OR LSC IDENTIFYING INFORMATION)   |                          | ID<br>PREFIX<br>TAG  | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPRODEFICIENCY) | D BE                          | (X5)<br>COMPLETE<br>DATE |
| R100 Initial Comments:  |                          | R100   |   |                               | :                        |
| An unannounced, on-site complaint investigation was conducted by the Division of Licensing and Protection on 06/24/2015. There were no state regulatory violations identified at this time. |                          |  |   |                               |                          |
| regulatory violations   | identified at this time. |  |   |                               | :                        |
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Division of Licensing and Protection

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE